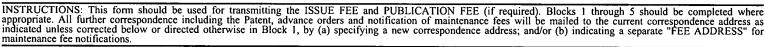
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/743,349	12/23/2003	Bryan K. Casper	INTEL-0064	4699

TITLE OF INVENTION: METHOD AND APPARATUS TO PERFORM ON-DIE WAVEFORM CAPTURE

nonprovisional NO \$1400 \$300 \$0 \$1700 09/26/2007 EXAMINER ART UNIT CLASS-SUBCLASS MOFFAT, JONATHAN 2863 702-066000 \$2 \$232329\$ 7425 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. CLASS-SUBCLASS 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
MOFFAT, JONATHAN 2863 702-066000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer CLASS-SUBCLASS 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agents) and the names of up to 2 registered patent attorneys or agents. If no name is 2	nonprovisional	NO	\$1400	\$300	* -	*	09/26/2007
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	CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attorney or a 3 registered patent attorney or a 3 registered attorney or 3 registered a	3 registered patent attornively, e firm (having as a membigent) and the names of unneys or agents. If no names of unneys or agents.	era 2	

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

INTEL CURPURATION	SANIA CLAKA, CA
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